

Revised: June 2010

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD NO. 3

59 East 4th Street - New York, NY 10003 Phone: (212) 533-5300 - Fax: (212) 533-3659 www.cb3manhattan.org - info@cb3manhattan.org

Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please complete and return (with requested diagram) to the Community Board office by fax or mail to arrive at least 10 business days before the Committee meeting. In addition, bring 6 copies (double sided) plus supporting material requested to the meeting. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.

Conspicuously display the enclosed posters on the outside of your establishment for 7 days prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting.
Check which you are applying for: new liquor license upgrade of an existing liquor license alteration of an existing liquor license transfer of an existing liquor license
Type of license: On Premises Full Liquor
If alteration, describe nature of alteration:
Previous or current use of the location: Rotal Store
Is any license under the ABC Law now in effect for this location? Yes
Corporation and trade name of current/previous license:
Will any other business besides food or alcohol service be conducted at said premises? Yes
If yes, details: $\sqrt{\beta}$
Please bring the following items to the meeting: NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED. Photographs of the inside and outside of your establishment; Schematics/floor plans of the inside of your establishment; If a restaurant, please include a proposed menu (including drink menu); Petition in support of proposed business or change in business with signatures from residential tenants at location and in surrounding buildings and also letter from block association if one exists. E-mail the CB office at info@cb3manhattan.org for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar. Petitions are required and application will not be heard without petitions. Photographs of proof of conspicuous posting with newspaper showing date.
Name of applicant and all principals: 238 REST CORP; William Pappas; ELIAS MANDALANAS; and KEVIN ANDREA Trade name (DBA): NA

PREMISES:
Type of building and number of floors: MULTI UNIT BLOG 5 FLOORS - ALBOOR
Prior use of premises: Ke tai / Store & Baga / Store
Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (includes roof &
yard) Tyes You If Yes, describe and show on diagram:
Does premises have a valid Certificate of Occupancy and all appropriate permits? Yes
Do you plan to apply for Public Assembly permit?
Zoning designation: Maximum number of persons that can legally occupy
the premises? 150 Number of tables? 13 Number of seats at tables? 44
BARS:
How many *stand-up bars/ bar seats are located on the premises (and how many seats)? / bar / 10 8/ca/s
How many service bars?
Describe all bars (length, shape and location): Lectangular Box 6' x 32'
Any food counters?
* A <u>stand up bar</u> is any bar or counter (whether scating or not) over which a member of the public can order, pay for and receive an alcoholic beverage.
KITCHEN:
Does premises have a kitchen for food preparation area? Yes (If any, show on diagram) No
Is food available for sale? Yes \(\sigma\) No If yes, describe type of food and submit a menu \(\subseteq\) Rescribe (1)
Rostourant
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.)
What are the proposed days/hours of operation? (Specify days and hours each day) // Am to /2 Pm
Sunday - Thursday 11AM to JAM - FRIDAY & SATURDAY
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Will the business employ a manager? Yes No Principals will manage
How many employees?
Will there be security personnel? \(\sum \) Yes \(\sum \) No \(\text{(If Yes, how many?)} \(\sum \)/\(\sum \)
Do you □ have or □ plan to install □ French doors, □ accordion doors, or □ windows? □ none of these
Will there be Hookah pipes? ☐ Yes ☑ No Will there be TV's? ☑ Yes ☐ No (If Yes, how many?) / or ೨
Will premises have music? ✓ Yes □ No
If Yes, what type of music? Explain in detail: (Backround recorded music.
Type of music/entertainment: Volume level: □ Live DJ □ Juke box □ Tapes/CDs □ Background (quiet)□ Entertainment level
Do you □ have or □ plan to install sound-proofing? Please describe your sound system:
CO PLAYER OR IPOD. MUSIC WILL BE QUIET BACKGROUND MUSIC.
Will you host □ promoted events, □ scheduled performances or □ any event at which a cover fee is charged? 人
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? Yes No If "Yes" please attach plans.
Is this establishment wheel chair accessible?
Has this corporation or any principal been licensed previously? ☐ Yes ☐ No
If yes, please indicate name of establishment: 142 W. 49th St. Rost Cocp.
Address: 142 W. 49th St. N.Y. N.Y. Community Board # 5
Dates: 3/20/09 to present
If you answered "Yes" to the above question, please provide a letter of record indicating history of complaints or other comments from the community board in which your establishment is/was located if located in NYC.
Using the diagram below as an example, attach a separate similar diagram that indicates the location (name and address) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [*]. Use the letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board 10 business days before the meeting.
Bar (B) Grocery (G) Restaurant (R) Cabaret (C) Sidewalk Café (S) OPB/W OPB/W OPB/W OPB/W
Example:
[]
B G B S R B B R S G B B B R B
B R G S B B B R B B ★ R S G R B B B

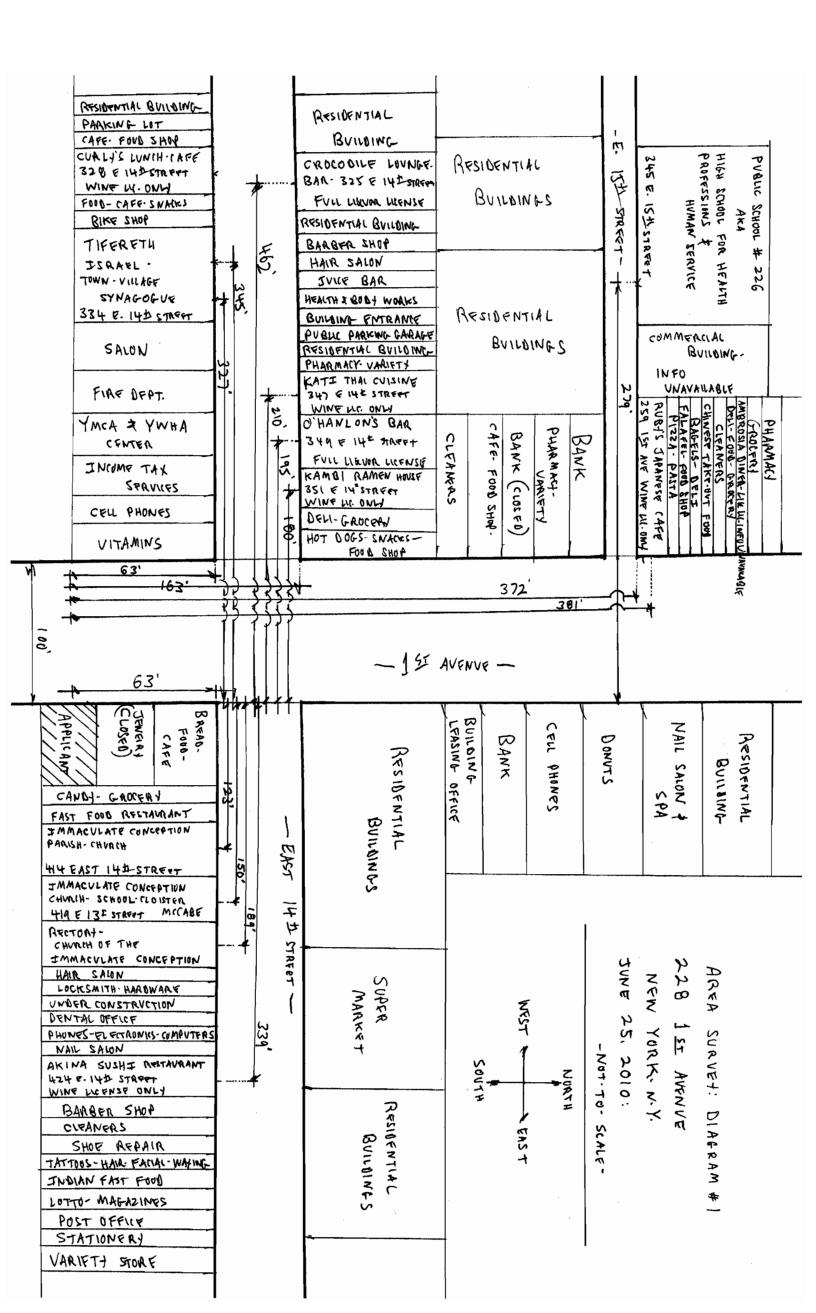
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	w many licensed establishments are within 1 block?	ee ,				
	w many licensed establishments are within 500 feet? Same	1190 hea				
How m	w many of these are On-Premises (OP) liquor licenses?	Sheets				
If there	ere are block associations, merchant associations, or tenant associations in the immediate	vicinity of your				
	tion, you must contact them. Please attach proof (copies of letters and poster) that you					
_	e groups of your application. Petitions should clearly state the name, address, license	•				
	applying, and the hours and method of operation of your establishment at the top of					
	ach additional sheets of paper as necessary). You may contact the Community Board office rmation that is on file.	ce for any contact				
INEO	ORMATION REGARDING NEARBY LOCATIONS:					
INTO	ORMATION REGARDING NEARBY LOCATIONS:					
	Premises is not within a 500 foot radius of three or more establishments selling liquor for on-premises consumption.					
ব্	Premises is within a 500 foot radius of three or more establishments selling liquor for consumption.	on-premises				
Are yo	your premises within 200 feet of any school, church or place of worship?	□ No				
	here is a school, church or place of worship within 200 feet of your premises or on the same k plot diagram or area map showing its location in proximity to your applicant premises (8)					
Indica	cate the distance in feet from the proposed premises. Attach additional sheets if necessary.	SEE				
Name	ne of church/school:	H1/1/0.				
Addre	lress:Distar	nce:				
	ne of church/school:					
Addre	dress:	nce:				
Name	ne of church/school:					
Addre	dress:Distar	nce:				

LOCATIONS	WITH
FULL-ON- PREMI	ISES - LIQUON - LICENSES
WITHIN 50	O FEET OF
220 155	AUFNUE - N.Y. N.Y.

- O'HANLONS BAR
 349 E. 14th STREET.
- 2 CROCODILE LOUNGE-BAR 325 E. 14 1 STREET
- KEY BAR BAR. LOUNGE 432 EAST 13th STREET (WEST STORE)
- BISTROUGH ODYSSEY-CAFE- (EAST STORE)
 432 EAST 13th STREET
- HEARTH RESTAURANT 403 EAST 121 STRPET
 - 6 LUZZO'S RISTORANTE 211-213 1 ST AVENUE
- THE REDHEAD-BAR-LOUNGE

 349 EAST 131 STREET



185 IST AVENVE	5	ASHER LEVY SCHOOL	- EAST 12th STREET -	NORTH	TELEPHONE COMPANY OFFICE BUILDING DRIVEWAY RESIDENTIAL FLOWERS & PLANTS LAUNDROMAT RESIDENTIAL ROMANTE 207 IST AVENUE 207 OF AVENUE 207 OF AVENUE 300	165	DUTOWN PARKING LOT RESIDENTIAL RESIDENTIAL	OHICKEN- FAST FOOD VITAMINS VITAMINS	HOT BOGS-SNACKS-FOOD SBOP
			L	- 15T AVENUE	2911 1249	0'	205' > 87' +27	63'	100
	LAUNDROMAT	D411- G-NOCEN)	- EAST 124 STREET -	HREA SURVET: DLAGRAM #2 CLOTHING STORE HEARTH RESTAURANT 403 EACT 12\$ SURVET FULLLIANDR LICENSE HOW YORK. N.Y. TUNE 25, 2010: NOT-TO: SCALE-	PHARMACY PHARMA	366, 343,	WINE ON FIRST. 224-226 1ST AVED UNDER CONSTRU TANNING A NALL RESIDENTIAL ENTI CONVENIENCE ST TKVAA-SUSHI 2 WINE LIL ONLY HARDWARE NUTRITION STOR	BREAD-FOND-CAFE STEWELDT-(CLUSED) APPLICANT	RESIDENTIAL BUILDING-S - EAST 14th STREET-

